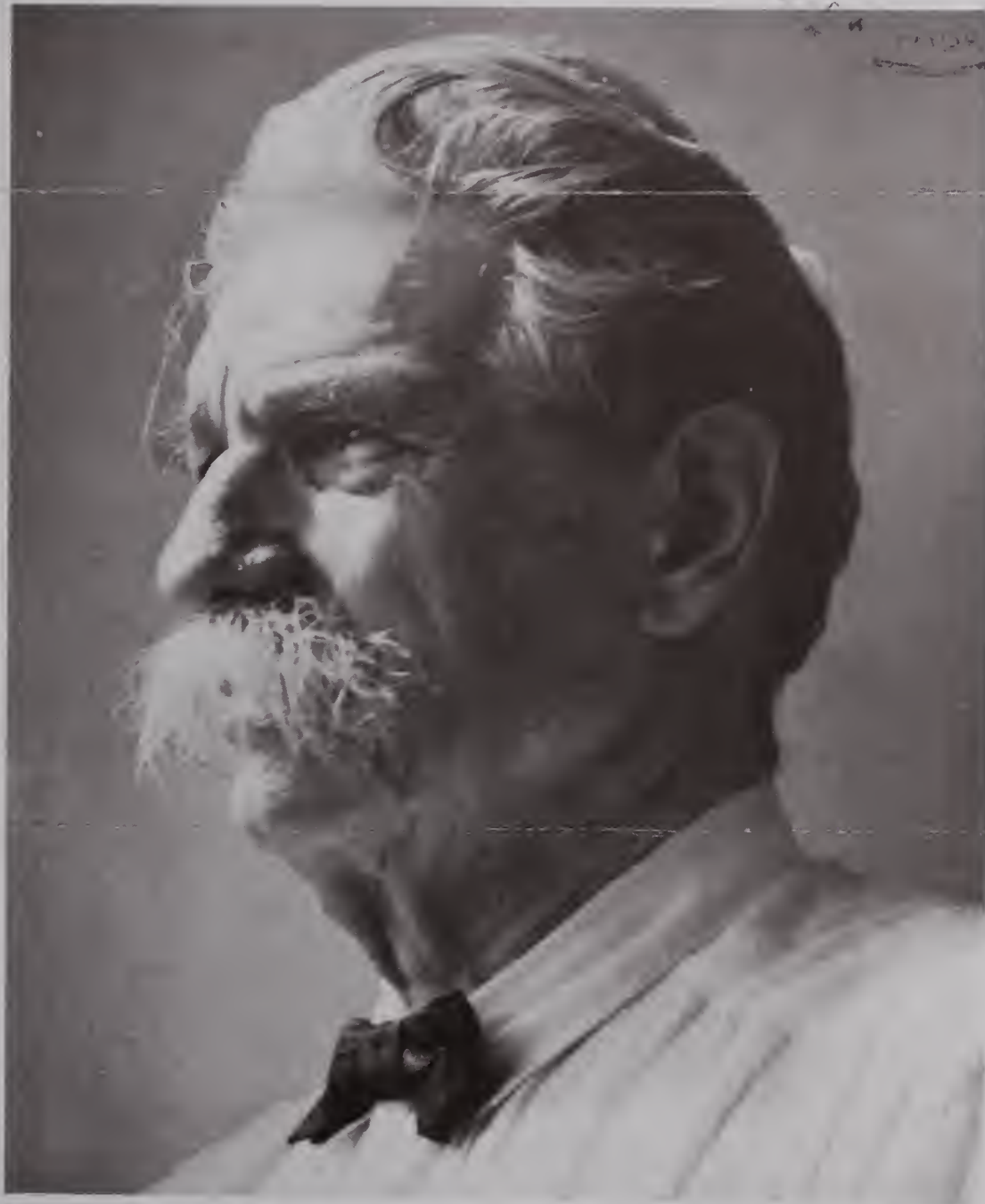


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# THE COURIER

## ALBERT SCHWEITZER FELLOWSHIP

156 FIFTH AVENUE, NEW YORK 10, N. Y. MAY, 1954



*The Author: Albert Schweitzer*

From French Equatorial Africa the noted Nobel Peace Prize winner, doctor-theologian-organist has sent this magazine one of his rare personal articles about

# THE HOSPITAL AS IT IS TODAY

Albert Schweitzer

*Translated from the German by Prof. N. Wilford Skinner of the University of Richmond*

WHEN I came to Lambarene in 1913, I lived at the Station of the Protestant Parisian Missionary Society. Alsatian missionaries of this Society had called it to my attention that a hospital at this Station would be most favorably located, in order to be of best service to a large region of the Ogowe River.

The Lambarene Station was founded in 1874 by American missionaries. In the year 1892 they turned it over to the Parisian Missionary Society, because in 1883 the region of the Ogowe River, in which Lambarene lies, became a part of the French Colony of Gabon, and the French government required that instruction in the Mission Schools be carried on in French. The American missionaries could not satisfy this demand. I have had correspondence with Doctor Nassau, one of the American founders of the Mission Station at Lambarene. He was a missionary and a physician at the same time.

An American missionary, Mr. Ford, who had married a French lady, was still in the service of the Parisian Mission in 1913. We were good friends and were here together during the First World War.

In the year 1925, when the space which could be placed at the disposal of my hospital at the Mission Station became too small for the growing number of my patients, I moved it four kilometers upstream on the same bank on which the Mission Station is located. I built it in two and a half years. In the summer of 1927 it was finished. A great advantage of the new location was that the hospital could now also have a large plantation.

During the first years of my activity I occupied myself principally with the fight against sleeping sickness. When, in the year 1928, the government relieved me and my doctors of this, we were in a position to devote ourselves in a special way to surgery along with medicine in general.

In the year 1943, we received through friends the sulfone preparations promin and diasone, which had been discovered by American chemists. With these we had such good results in the treatment of leprosy, which up until then one had to regard as almost incurable, that we determined to devote ourselves from then on, along with surgery, especially to the fight against this terrible disease.

Immediately lepers came to us from far and near.

At first we provided for them as well as we could in separate buildings of the hospital. Later, when their number approached two hundred, we let them settle on a hill situated in the forest about one kilometer from the hospital. They constructed for themselves a village of bamboo huts with roofs of raffia palm leaves. These huts are now, after four years, falling into ruin. Instead of rebuilding them for another three or four years, I decided a few months ago to replace them with permanent buildings. The leprosy patients have to spend from 2 to 3 years in the hospital for the treatment. This requires that they be better housed than is possible in bamboo huts. And in this region there will be lepers to be treated for many years to come.

Thus I am now, in old age, against my expectation, again occupied with construction. The village, which is now being built, is to offer accommodations for 250 lepers. It consists of buildings which stand on concrete foundation walls twenty centimeters high, and which have the character of the usual native huts. But they have a roof of corrugated sheet iron instead of raffia leaves and (on account of the termites) a framework of hardwood. The walls, however, consist of two thicknesses of raffia leaves which are tied to a network of slender bamboo poles with thin liana (a tropical climbing plant). Firmly packed clay soil serves as the floor. In this way we have durable buildings which are relatively inexpensive. But they are still costly enough because cement, hardwood beams, and corrugated sheet iron are high in price, especially the cement and the corrugated sheet iron, for which the high cost of transportation here is included in the cost.

It would be far too expensive to turn this construction over to a contractor. I must do it myself with the 60 lepers who are still in a relatively good general condition. That is to say, I have to be at the building site for several hours every day to direct the work. Fortunately the two doctors whom I have with me relieve me in the medical work most satisfactorily.

Special difficulties are encountered in the construction of this village for lepers, in that the ground on the hill, where it is to stand, must first be cleared and leveled. This requires a lot of ground work. Also there are many massive trees which have to be felled. The village can't be located in the valley, because





## ‘I must work on ... new buildings ... myself with the 60 lepers who are in a relatively good general condition’

there are swamps there and consequently malaria is prevalent.

There are over 200 patients in the hospital. The leper village has an equal number of inhabitants. Among the latter are also children who are infected with leprosy. Most of these patients have to be fed by the hospital. They come from far away and do not possess the means to buy food for themselves. Many of them are also accompanied by relatives who have brought them here in a canoe. These wait here for them to be healed, in order to take them back home again. We cook only for those who are seriously ill, who are supposed to have a special diet. The ordinary patients and their companions receive rice, bananas, manioc (cassava, tuberous roots which yield a nutritious starch, the source of tapioca), salt, and palm oil from us, so that they can prepare their own meals. Sometimes we give them also dried fish which we buy from agencies. The palm trees of our plantation furnish the palm oil for us.

The feeding of these many patients constitutes a major expenditure, especially since the rice, of which we need great quantities, is very expensive with the transportation on the sea and on the river. There are always white patients with us too.

There are usually three doctors. We have nine white (female) nurses. Of these, five perform service in the hospital. Four are occupied with household duties, with the kitchen, with the plantation, with the large garden, and with the livestock (which consists of chickens, ducks, goats, and sheep).

Divine service is held every Sunday at the hospital. It is held out of doors in the shade of the projecting

roofs of two large patients' barracks. The sermon is delivered by us whites. Each sentence of the same is translated into two languages of the natives by two white people who stand to the right and left of the preacher. The same is done with the prayers.

It is near to my heart that the natives in the hospital learn to know Christianity, and so far as they are already acquainted with it, that they are maintained and strengthened in it.

For a decade now, heathendom has been making every effort here as elsewhere in Africa to assert itself against Christianity. Already one hears from its champions the view that the heathen mystery-cults are in possession of truths which are older and deeper than those represented by Christianity.

Often I hear the question, whether the natives are grateful for that which is done for them in the hospital. The answer is not easy. In our experience many of them really do feel gratitude. But many, on the other hand, are still so primitive that they accept as a matter-of-course the good deed which is done to them here. In their childlike way of thinking, they account for our efforts in their behalf by the feeling that we are employed for that purpose and that we are richly paid. Those who have more understanding for it are inclined to consider it as sufficient to express their gratitude in words. Whenever I ask patients who have been cured and their companions to remain with us for a few days to help with the work and on the plantation, or with the building, which would be very valuable to us, I usually fail. They can then bring up all possible reasons for having to go back home as quickly as possible. In those



cases in which my request does have success, I am doubly happy.

Not infrequently it occurs that natives whom we meet in their villages greet us most heartily and give expression to their joy in being able to tell us how gratefully they remember us. It is therefore probable that there is more gratitude in their hearts than comes to our knowledge. Again and again I say to the doctors and the nurses, that we have to serve without expecting gratitude, and that we should experience it, when it does come to us, as a refreshing encouragement.

At times it has seemed a miracle to me that my hospital could continue to exist during the last war and in the so difficult years which followed. That this became possible, it owes to the faithful friends who help it. Through the fact that we now treat so many leprous patients, the hospital has suddenly become twice as large as it was, and the expenses have also been doubled. But since now, through the three discoverers of the applicability of the sulfones for the treatment of leprosy, a possibility of cure of this dreadful disease is given, I believe that I must have the courage to give to the many lepers who are in this region this possibility of cure.

I suffered greatly from the fact that I could formerly only poorly shelter them. This is now being changed. A part of the new village is already standing. It offers the possibility of housing them well. How they enjoy being protected from rain and storm! In four or five months the village will, in the main, be finished.

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Fully in the pattern of Albert Schweitzer's belief and practice of the duty and influence of individual, personal initiative and action, the editors of *Episcopal Churchnews*, Richmond, Va., sought and published the above story by Dr. Schweitzer on February 21, 1954, with the pictures by Erica Anderson.

In a "box" accompanying the article was the statement that seldom did the journal request financial support for causes presented in its columns. But this time they made a voluntary generous exception.

Up to last report they received \$2,574.77 which they have sent for Dr. Schweitzer's work through the Fellowship.

To the *Churchnews* editors for the original initiative and for permission to reprint, to the givers, to those who pray for and tell of the Lambarene work and its witness and need, Dr. Schweitzer, his staff and their patients send their most grateful thanks, conveyed to all through

THE ALBERT SCHWEITZER FELLOWSHIP  
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